



## Supporting Families Community of Practice State Team Membership Application

Connecticut is one of five states to receive a national grant to participate in a five year *Supporting Families Community of Practice* study. Other states selected were: Oklahoma, Tennessee, Washington and the District of Columbia. The project will be administered as a partnership between the CT Department of Developmental Services (DDS) and the Connecticut Council on Developmental Disabilities. They will work to identify and implement policies and practices that will serve as a national framework for states to use to support individuals with intellectual and developmental disabilities and their families across the lifespan.

The *Community of Practice* is designed to include ideas, innovations and recommendations from the community. Each state will form a team with representation that includes members from self-advocacy and family organizations, universities, educational, aging, civic and other organizations.

If you are interested in becoming a member of the *Supporting Families Community of Practice* State Team, please e-mail the completed information below to Robin Wood at [robin.wood@ct.gov](mailto:robin.wood@ct.gov), or mail it to: CT Department of Developmental Services, 460 Capital Avenue, Hartford, CT 06106, Attention: Robin Wood. Participants selected to be on the State Team will be notified by August 15, 2013.

**1. What stakeholder role do you represent? Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Self-Advocate                 | <input type="checkbox"/> Sibling         |
| <input type="checkbox"/> Family Member                 | <input type="checkbox"/> Agency Provider |
| <input type="checkbox"/> Individual Self-Hire Provider | <input type="checkbox"/> DDS Staff       |
| <input type="checkbox"/> Other- please explain         |  |

**2. What *Supporting Families Community of Practice* sub-committee are you interested in joining? Check all that apply.**

- ☐ Improving information and access to community resources
- ☐ Growing family leaders and Mentoring
- ☐ Using in-home supports and technology to increase independence
- ☐ Improving access to person-centered, individualized services
- ☐ Increasing social and respite opportunities
- ☐ Enhancing the delivery of timely positive behavior supports
- ☐ Supporting cross-disability advocacy & self-determination across the lifespan

\*Other:

**3. Please check which activities you can attend. Check all that apply.**

- ☐ I can participate in the all- day stakeholder CT Kick-Off event on September 17, 2013 (8:30-4:00 pm)
- ☐ I can participate in the CT State Team Planning Event on September 18, 2013 (8:30-4:00 pm)
- ☐ I can participate in monthly sub-committee meetings
- ☐ I can participate in quarterly CT State Team meetings

**Name:**

**E-mail Address:**

**Mail Address:**

**Phone:**

**Is there anything else you want to share with us about your interest in joining the State Team?**